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<p>Please permit the following person(s) to inspect and make copies of the above identified application:</p> <p>Customer Name(s): <u>Annette Masiello</u></p> <p>Badge Number(s): _____</p> <p>Company Name (if any): <u>Annette Masiello Patent and Trademark Services</u></p> <p>Telephone Number: <u>703/415-3060</u></p> <p>Fax Number: <u>703/415-3066</u></p> <p>I am an:</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____ Frame _____ or for which a copy thereof is attached.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>48,408</u></p> <p><input type="checkbox"/> Attorney or agent named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 path or declaration not filed). Registration No. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u><i>Kelly E. Hershey</i></u> Signature</p> <p><u>Kelly E. Hershey</u> Typed or printed name</p> <p>_____ Attorney for Applicant(s) Title (Officer of company or corporate assignee)</p> <p><u>BETHESDA PHARMACEUTICALS</u> Name of Assignee, if any (e.g., company name)</p> <p><u>(650) 813-5755</u> Telephone Number</p> </div> <div style="width: 45%; text-align: center;"> <p><u>April 18, 2007</u> Date</p> </div> </div>								
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